

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Elise for Congress

ADDRESS (number and street)

PO Box 500

Check if different  
than previously  
reported. (ACC)

Glens Falls

NY

12801

2. FEC IDENTIFICATION NUMBER ▼

C

C00547893

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer

Cabell Hobbs

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 142

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	221360.00	1127377.87
(b) Total Contribution Refunds (from Line 20(d)) .....	750.00	793.30
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	220610.00	1126584.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	107068.48	531024.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	27.00	14490.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	107041.48	516533.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	928154.88	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	18209.94	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 142

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

109620.00

425101.50

**(ii) Unitemized.....**

4990.00

42481.42

**(iii) TOTAL of contributions from individuals ▶**

114610.00

467582.92

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

106750.00

659794.95

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

221360.00

1127377.87

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

15089.40

172983.27

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

27.00

14490.95

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

236476.40

1314852.09

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 142

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	107068.48	531024.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	3000.00	3000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	750.00	793.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	750.00	793.30
21. OTHER DISBURSEMENTS .....	0.00	2500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	110818.48	572318.05

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	802496.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	236476.40
25. SUBTOTAL (add Line 23 and Line 24).....	1038973.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	110818.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	928154.88

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**DEVIN ANDERSON****A.**

Mailing Address 10078 SUMMERLAKES DRIVE

City

CARMEL

State

IN

Zip Code

46032-9332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E&amp;A COMPANIES

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : SA11.6377**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AVA ASHENDORFF****B.**

Mailing Address 670 LONDON HILL

City

CHESTERTOWN

State

NY

Zip Code

12817-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KEI QUALITY RESINS, INC

Occupation

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6565**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ED M. BARTHOLOMEW JR.****C.**

Mailing Address 14 DORSET PL

City

QUEENSBURY

State

NY

Zip Code

12804-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDC WARREN COUNTY

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : SA11.6449**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ED M. BARTHOLOMEW JR.

A.

Mailing Address 14 DORSET PL

City

QUEENSBURY

State

NY

Zip Code

12804-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDC WARREN COUNTY

Occupation

PRESIDENT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6566

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRUCE BEALOR

B.

Mailing Address 409 SKY FOREST DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78232-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BB INSPECTIONS

Occupation

BUILDING INSPECTIONS

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SA11.6457

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LINDSAY BEALOR

C.

Mailing Address 1502 13TH ST NW

City

WASHINGTON

State

DC

Zip Code

20005-3740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MCMANUS GROUP

Occupation

CONSULTANT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SA11.6456

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

900.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**BRENDA L. BECKER**

Mailing Address 8214 MACK ST

City	State	Zip Code
ALEXANDRIA	VA	22308-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOSTON SCIENTIFICOccupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6538

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**JANET BERMAN**

Mailing Address 3055 WHITEHAVEN ST, NW

City	State	Zip Code
WASHINGTON	DC	20008-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
HOUSEWIFE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA11.6376

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**WAYNE BERMAN**

Mailing Address 3055 WHITEHAVEN ST, NW

City	State	Zip Code
WASHINGTON	DC	20008-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERMAN ENTERPRISESOccupation  
GOV. RELATIONS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6369

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA B. BOLTEN**

Mailing Address 3050 UNIVERSITY TERRACE NW

City WASHINGTON	State DC	Zip Code 20016-3463
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCK CREEK GLOBAL ADVISORS	Occupation CONSULTANT
--	--------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11.6460

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JENNIFER BOYER**

Mailing Address 5105 26TH RD. N

City ARLINGTON	State VA	Zip Code 22207-1717
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ALKERMES	Occupation DIRECTOR, POLICY AND ADVOCACY
------------------------------	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : SA11.6390

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PRESTON C. CARLISLE**

Mailing Address 92 COUNTY ROUTE 28

City OGDENSBURG	State NY	Zip Code 13669-4456
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARLISLE LAW FIRM P.C.	Occupation ATTORNEY
--	------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6571

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JULIE CARR

A.

Mailing Address 1735 FAIRVIEW AVE

City

MCLEAN

State

VA

Zip Code

22101-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KOUNTOPES DENHAM

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6563

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

VIVIAN CHAMBERS

B.

Mailing Address 245 EAST 72MD STREET

City

NEW YORK

State

NY

Zip Code

10021-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6411

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK L. COHEN

C.

Mailing Address 125 CHESTNUT STREET

City

CONCORD

State

MA

Zip Code

01742-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OFFICE PAPER RECOVERY SYSTEM

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6504

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ATTORNEY THOMAS W. COLOMB

Mailing Address 1001 MARINA DR. APT 613

300 CROWN COLONY DRIVE

City

QUINCY

State

MA

Zip Code

02171-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY HESSE TOOMEY &amp; LEHANE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6617

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH CORRIGAN

Mailing Address 6490 LAKE MEADOW DRIVE

City

BURKE

State

VA

Zip Code

22015-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KELLEY, DRYE &amp; WARREN

Occupation

GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.6468

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMY JENSEN CUNNIFFE

Mailing Address 7715 CROSSOVER DRIVE

City

MCLEAN

State

VA

Zip Code

22102-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OAK HEALTH STRATEGIES LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		19		2015

Transaction ID : SA11.6496

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**L NICOLE CURRIE****A.**

Mailing Address 2308 NORTH COLUMBUS STREET

City

ARLINGTON

State

VA

Zip Code

22207-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMGEN INC.

Occupation

DIRECTOR, GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

**Transaction ID : SA11.6331**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WALT DLUGOLECKI****B.**

Mailing Address 347 PARK AVENUE

City

SARANAC LAKE

State

NY

Zip Code

12983-5526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RPA ADVISORS, LLC

Occupation

RESTRUCTURING CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		09		2015

**Transaction ID : SA11.6326**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID DONOHUE****C.**

Mailing Address 2 CROWN POINT

City

BALLSTON LAKE

State

NY

Zip Code

12019-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS WORKERS COMP BOARD

Occupation

MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

906.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

**Transaction ID : SA11.6530**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

DANIEL A. DUNAY

A.

Mailing Address 1 HIRSCHKLAU LANE

City

FAIR LAWN

State

NJ

Zip Code

07410-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKROCK

Occupation

CORPORATE FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SA11.6470

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAY W. FAISON

B.

Mailing Address 1355 GREENWOOD CLFS STE 301

City

CHARLOTTE

State

NC

Zip Code

28204-2981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEARPATH FOUNDATION

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6414

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DAVID B. FORER

C.

Mailing Address 131 EAST 66TH ST

City

NEW YORK

State

NY

Zip Code

10065-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERMARKET CORPORATION

Occupation

MANAGING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SA11.6471

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**MASON R. FORRENCE**

Mailing Address 2740 RT. 22

City	State	Zip Code
PERU	NY	12972-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**FORRENCE ORCHARDS**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6342

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**PETER FORRENCE**

Mailing Address 3531 STATE ROUTE 9

City	State	Zip Code
PERU	NY	12972-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**FORRENCE ORCHARDS**

Occupation  
**VP**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6332

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**SETH M. FORRENCE**

Mailing Address 112 RIVER ROAD

City	State	Zip Code
PERU	NY	12972-4641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**FORRENCE ORCHARDS**

Occupation  
**MANAGEMENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6341

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 14 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**VIRGIL E. FORRENCE**

Mailing Address 2725 ROUTE 22

City  
 PERU

State  
 NY

Zip Code  
 12972-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 FORRENCE ORCHARDS

Occupation  
 INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 24 / 2015

Transaction ID : SA11.6340

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSE FUENTES**

Mailing Address 750 9TH ST NW SUITE 750

City  
 WASHINGTON

State  
 DC

Zip Code  
 20001-4589

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 EASTPORT STRATEGIES LLC

Occupation  
 ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 21 / 2015

Transaction ID : SA11.6499

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BRUCE GATES**

Mailing Address 4135 SEMINARY ROAD

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22304-1647

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 ALTRIA

Occupation  
 CORPORATE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 13 / 2015

Transaction ID : SA11.6328

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 15 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOYCE GATES****A.**

Mailing Address 4135 SEMINARY ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EVENT MANAGEMENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SA11.6327**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RICHARD R. GREEN****B.**

Mailing Address 22 VILLAGE ROAD

City

PEPPERELL

State

MA

Zip Code

01463-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1A AUTO

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : SA11.6505**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSHUA HARLAN****C.**

Mailing Address 28 EAST 73RD STREET

City

NEW YORK

State

NY

Zip Code

10021-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARLAN CAPITAL PARTNERS

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

**Transaction ID : SA11.6453**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

LUKE HATZIS

A.

Mailing Address 115 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITOL COUNSELOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11.6378

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUKE HATZIS

B.

Mailing Address 115 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITOL COUNSELOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Transaction ID : SA11.6462

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONATHAN HEAFITZ

C.

Mailing Address 2608 ARVIN ST

City

SILVER SPRING

State

MD

Zip Code

20902-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCMAOccupation  
LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Transaction ID : SA11.6400

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**KERRY MURPHY HEALEY**

Mailing Address PO BOX 823

City	State	Zip Code
DOVER	MA	02030-0823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BABSON COLLEGEOccupation  
COLLEGE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6506

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JENNIFER HIGGINS**Mailing Address 305 S PAYNE ST  
APT 306

City	State	Zip Code
ALEXANDRIA	VA	22314-5927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAMBERHILL STRATEGIESOccupation  
PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : SA11.6423

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LARRY W. JEFFORDS**

Mailing Address 1646 LAKE SHORE RD

City	State	Zip Code
CHAZY	NY	12921-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFORDS STEEL & ENGINEERING CO.Occupation  
OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6582

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

CHRIS JONES

A.

Mailing Address 3507 BROADRUN DR.

City

FAIRFAX

State

VA

Zip Code

22033-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FERGUSON STRATEGIES

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6559

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL G. KANE

B.

Mailing Address 162 POND STREET

City

ASHLAND

State

MA

Zip Code

01721-2061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.G. KANE PROPERTIES INC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6507

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH KANEB

C.

Mailing Address 182 HIGHLAND RD

City

MASSENA

State

NY

Zip Code

13662-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANEB ORCHARDS AND HIGHLAND NURSIN

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11.6444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**LAURA COX KAPLAN****A.**

Mailing Address 3809 LELAND STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PWC

Occupation

PARTNER/EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

**Transaction ID : SA11.6529**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SEN. ROBERT W. KASTEN JR.**Mailing Address 1629 K ST NW  
STE 800

City

WASHINGTON

State

DC

Zip Code

20006-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KASTEN &amp; COMPANY

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

**Transaction ID : SA11.6432**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ELIZABETH (LEAH) KEGLER**

Mailing Address 1116 25TH ST NW #2

City

WASHINGTON

State

DC

Zip Code

20037-1461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDWARDS LIFESCIENCES

Occupation

DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

**Transaction ID : SA11.6388**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**BRENDAN KELSAY**

Mailing Address 1124 10TH STREET, NW; #2-B

City

WASHINGTON

State

DC

Zip Code

20001-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BRENDAN KELSAY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Transaction ID : SA11.6463

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BARBARA KERR**

Mailing Address 220 STONE CHURCH ROAD

City

BALLSTON SPA

State

NY

Zip Code

12020-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKIDMORE COLLEGE

Occupation

CARD OFFICE COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6560

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JEFFREY KIMBELL**

Mailing Address 601 13TH ST. NW

City

WASHINGTON

State

DC

Zip Code

20005-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIMBELL &amp; ASSOCIATES

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		07		2015

Transaction ID : SA11.6455

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1275.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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PAGE 21 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN KINGSTON**

Mailing Address 16 CHESTNUT STREET

City WINCHESTER State MA Zip Code 01890-3019

FEC ID number of contributing federal political committee. **C**

Name of Employer SWORD & SPOON ENTERPRISES Occupation CHAIRMAN/CEO

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt

M M	D D	Y Y Y Y
12	22	2015

Transaction ID : SA11.6508

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN KINGSTON**

Mailing Address 16 CHESTNUT STREET

City WINCHESTER State MA Zip Code 01890-3019

FEC ID number of contributing federal political committee. **C**

Name of Employer SWORD & SPOON ENTERPRISES Occupation CHAIRMAN/CEO

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt

M M	D D	Y Y Y Y
12	22	2015

Transaction ID : SA11.6508B

Amount of Each Receipt this Period

-2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**JOHN KINGSTON**

Mailing Address 16 CHESTNUT STREET

City WINCHESTER State MA Zip Code 01890-3019

FEC ID number of contributing federal political committee. **C**

Name of Employer SWORD & SPOON ENTERPRISES Occupation CHAIRMAN/CEO

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt

M M	D D	Y Y Y Y
12	22	2015

Transaction ID : SA11.6513

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. HARRY J. KIRSCHNER**

Mailing Address 2395 SUNSET DR

City	State	Zip Code
VENTURA	CA	93001-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRY KISCHNER EA/SELF EMPLOYEDOccupation  
CERTIFIED TAX PREPARER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6351

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HARRY J. KIRSCHNER**

Mailing Address 2395 SUNSET DR

City	State	Zip Code
VENTURA	CA	93001-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRY KISCHNER EA/SELF EMPLOYEDOccupation  
CERTIFIED TAX PREPARER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : SA11.6440

Amount of Each Receipt this Period

55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HARRY J. KIRSCHNER**

Mailing Address 2395 SUNSET DR

City	State	Zip Code
VENTURA	CA	93001-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRY KISCHNER EA/SELF EMPLOYEDOccupation  
CERTIFIED TAX PREPARER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SA11.6475

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

145.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

SEAN KLIMCZAK

Mailing Address 45 W 95TH STREET

City

NEW YORK

State

NY

Zip Code

10025-6753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKSTONE

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : SA11.6396

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SEAN KLIMCZAK

Mailing Address 45 W 95TH STREET

City

NEW YORK

State

NY

Zip Code

10025-6753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKSTONE

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6396B

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

SEAN KLIMCZAK

Mailing Address 45 W 95TH STREET

City

NEW YORK

State

NY

Zip Code

10025-6753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKSTONE

Occupation

INVESTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6417

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**DYLAN E. KORPITA****A.**

Mailing Address 165 PINE NOOK ROAD P.O. BOX 263

City

DEERFIELD

State

MA

Zip Code

01342-0263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DKMA CONSULTINGOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

**Transaction ID : SA11.6509**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. EDWARD D. KRATOVIL****B.**

Mailing Address 3300 N VERMONT ST

City

ARLINGTON

State

VA

Zip Code

22207-4469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

**Transaction ID : SA11.6427**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BLAIR C. LARKINS****C.**

Mailing Address BOCKORNY GROUP

3101 N HAMPTON DR APT. 1101

City

ALEXANDRIA

State

VA

Zip Code

22302-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOCKORNY GROUPOccupation  
GOV'T AFFAIRS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

**Transaction ID : SA11.6389**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JAMES LEE

A.

Mailing Address 20871 COUNTY ROUTE 63

City

WATERTOWN

State

NY

Zip Code

13601-5968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KNOWLTON TECHNOLOGIES

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

Transaction ID : SA11.6534

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE H. LINDEN

B.

Mailing Address 41 RIVERSIDE DR.

City

NEW YORK

State

NY

Zip Code

10024-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

Transaction ID : SA11.6500

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE H. LINDEN

C.

Mailing Address 41 RIVERSIDE DR.

City

NEW YORK

State

NY

Zip Code

10024-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : SA11.6500B

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**LAWRENCE H. LINDEN****A.**

Mailing Address 41 RIVERSIDE DR.

City

NEW YORK

State

NY

Zip Code

10024-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6599

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**MR. CLARK N. LINDLEY****B.**

Mailing Address 490 PUMPKIN HILL ROAD

City

WARNER

State

NH

Zip Code

03278-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AIMS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6596

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**COLLEEN MALONEY****C.**

Mailing Address 1215 N ST NW #3

City

WASHINGTON

State

DC

Zip Code

20005-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHRMA

Occupation

FEDERAL ADVOCACY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.6387

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JED MANOCHERIAN**

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOODBANCH INVESTMENTS

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6521

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JED MANOCHERIAN**

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOODBANCH INVESTMENTS

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6521B

Amount of Each Receipt this Period

-2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

**JED MANOCHERIAN**

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOODBANCH INVESTMENTS

Occupation

REAL ESTATE

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6524

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JONATHAN MANOCHERIAN

A.

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARUCH

Occupation

STUDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6522

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONATHAN MANOCHERIAN

B.

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARUCH

Occupation

STUDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6522B

Amount of Each Receipt this Period

-2300.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

JONATHAN MANOCHERIAN

C.

Mailing Address 18 EAST 50TH STREET

City

NEW YORK

State

NY

Zip Code

10022-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARUCH

Occupation

STUDENT

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6526

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOE MARCHESE**

Mailing Address **7 WOOSTER STREET**

City State Zip Code  
**NEW YORK NY 10013-2311**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**FOX NETWORKS GROUPS**Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

**Transaction ID : SA11.6412**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAROLYN MAYLE**

Mailing Address **7108 REBECCA DR.**

City State Zip Code  
**ALEXANDRIA VA 22307-1834**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

**Transaction ID : SA11.6469**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANITA B. MCBRIDE**

Mailing Address **5016 UPTON ST NW**

City State Zip Code  
**WASHINGTON DC 20016-1952**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**AMERICAN UNIVERSITY**Occupation  
**EXECUTIVE-IN-RESIDENCE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

**Transaction ID : SA11.6467**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOHN MCDONNELL****A.**

Mailing Address 63 ATLANTIC AVE #7E

City

**BOSTON**

State

**MA**

Zip Code

**02110-3713**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**FIFTH GENERATION- TITO'S VODKA**

Occupation

**MANAGING DIRECTOR**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : SA11.6501**

Amount of Each Receipt this Period

**1200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ELIZABETH MCINTYRE****B.**

Mailing Address 100 W 58TH ST APT 10G

City

**NEW YORK**

State

**NY**

Zip Code

**10019-2147**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**THE CHILD MIND INSTITUTE**

Occupation

**NONPROFIT**

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

**Transaction ID : SA11.6370**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ELIZABETH MCINTYRE****C.**

Mailing Address 100 W 58TH ST APT 10G

City

**NEW YORK**

State

**NY**

Zip Code

**10019-2147**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**THE CHILD MIND INSTITUTE**

Occupation

**NONPROFIT**

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

**Transaction ID : SA11.6371**

Amount of Each Receipt this Period

**1100.00**

CONTRIBUTION

DEBT RETIREMENT 2014 GENERAL DEBT  
RETIREMENT**SUBTOTAL** of Receipts This Page (optional).....**3300.00****TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOHN MCMANUS****A.**

Mailing Address 2082 GRACE MANOR CT

City

MCLEAN

State

VA

Zip Code

22101-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MCMANUS GROUP

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

**Transaction ID : SA11.6459**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSH M. MENDELSON****B.**Mailing Address 100 W 58TH ST  
APT 13F

City

NEW YORK

State

NY

Zip Code

10019-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HANGAR MANAGEMENT LLC

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : SA11.6422**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TIFFANY MOORE****C.**

Mailing Address 417 QUACKENBOS STREET, NW

City

WASHINGTON

State

DC

Zip Code

20011-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2015

**Transaction ID : SA11.6498**

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

REFUNDED \$750.00 ON 12/21/2015

**SUBTOTAL** of Receipts This Page (optional).....

2750.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

PHILLIP H. MORSE

A.

Mailing Address 290 LOCHA DRIVE

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11.6391

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILLIP H. MORSE

B.

Mailing Address 290 LOCHA DRIVE

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6391B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

PHILLIP H. MORSE

C.

Mailing Address 290 LOCHA DRIVE

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SA11.6419

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM L. MUSSER JR.**

Mailing Address **49 EAST 86TH STREET, # 15A**

City **NEW YORK** State **NY** Zip Code **10028-1060**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLIAM L MUSSER COMPANY** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6570**

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MORGAN D. ORTAGUS**

Mailing Address **301 E 66TH STREET APT 6G**

City **NEW YORK** State **NY** Zip Code **10065-6215**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STANDARD CHARTERED BANK** Occupation **DIRECTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

**Transaction ID : SA11.6397**

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID PARKER**

Mailing Address **136 WEST CONCORD STREET**

City **BOSTON** State **MA** Zip Code **02118-1508**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **DEVELOPER**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

**Transaction ID : SA11.6502**

Amount of Each Receipt this Period

400.00
--------

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JULIE PHILP

A.

Mailing Address 1701 16TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20009-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN CONTINENTAL GROUP

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : SA11.6385

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHEN PINKOS

B.

Mailing Address 3612 AUTUMN DRIVE

City

FORT WORTH

State

TX

Zip Code

76109-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN CONTINENTAL GROUP

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Transaction ID : SA11.6421

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOE RACCUA

C.

Mailing Address 64 HEARTHSTONE DRIVE

City

WILTON

State

NY

Zip Code

12831-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORCON TISSUE

Occupation

OWNER/PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6564

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**TYSON REDPATH****A.**

Mailing Address 3626 BRANDYWINE STREET NW

City

WASHINGTON

State

DC

Zip Code

20008-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE RUSSELL GROUP

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6490**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**COURTNEY L. SAROFIM****B.**

Mailing Address 2995 LAZY LANE

City

HOUSTON

State

TX

Zip Code

77019-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

**Transaction ID : SA11.6345**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHRISTINE SCHWARZMAN****C.**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City

NEW YORK

State

NY

Zip Code

10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

**Transaction ID : SA11.6306**

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7400.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. CHRISTINE SCHWARZMAN**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City	State	Zip Code
NEW YORK	NY	10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : SA11.6306B

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERALFull Name (Last, First, Middle Initial)  
**B. CHRISTINE SCHWARZMAN**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City	State	Zip Code
NEW YORK	NY	10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
HOMEMAKER

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : SA11.6375

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARYFull Name (Last, First, Middle Initial)  
**C. STEPHEN SCHWARZMAN**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City	State	Zip Code
NEW YORK	NY	10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BLACKSTONE GROUP LPOccupation  
CHAIRMAN & CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6335

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**STEPHEN SCHWARZMAN****A.**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City

NEW YORK

State

NY

Zip Code

10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE BLACKSTONE GROUP LP

Occupation

CHAIRMAN &amp; CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

**Transaction ID : SA11.6335B**

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

**STEPHEN SCHWARZMAN****B.**

Mailing Address 345 PARK AVENUE, 44TH FLOOR

City

NEW YORK

State

NY

Zip Code

10154-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE BLACKSTONE GROUP LP

Occupation

CHAIRMAN &amp; CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

**Transaction ID : SA11.6373**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**JOHN SIMMONS****C.**

Mailing Address 500 N. CAPITOL ST. NW

City

WASHINGTON

State

DC

Zip Code

20001-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ROOSEVELT GROUP

Occupation

GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6562**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT J. SLACK**

Mailing Address 48 DINEEN RD

City

LAKE GEORGE

State

NY

Zip Code

12845-4517

FEC ID number of contributing federal political committee.

C

Name of Employer  
PRESIDENT/COOOccupation  
SCI COURIER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6552

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FREDERICK SYKES**

Mailing Address 472 PURCHASE STREET

City

RYE

State

NY

Zip Code

10580-1870

FEC ID number of contributing federal political committee.

C

Name of Employer  
NWI MANAGEMENT, LPOccupation  
INVESTMENT ADVISORY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11.6329

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. DAVID F. TAYLOR**

Mailing Address 708 WEST BRADDOCK RD

City

ALEXANDRIA

State

VA

Zip Code

22302-3601

FEC ID number of contributing federal political committee.

C

Name of Employer  
CAPITOL SOULTIONS GOV. RELATIONS CONOccupation  
GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11.6482

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

CYNTHIA J. TERWILLIGER

A.

Mailing Address 7 ARLINGTON STREET APT 8

City

CAMBRIDGE

State

MA

Zip Code

02140-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON PRIVATE BANK &amp; TRUST

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6510

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD TEXTOR

B.

Mailing Address 381 LATTINGTOWN ROAD

City

LOCUST VALLEY

State

NY

Zip Code

11560-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNDERHILL PARTNERS

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6333

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD TEXTOR

C.

Mailing Address 381 LATTINGTOWN ROAD

City

LOCUST VALLEY

State

NY

Zip Code

11560-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNDERHILL PARTNERS

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6334

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL K. TORREY****A.**

Mailing Address 1514 NORTH FILLMORE STREET

City

ARLINGTON

State

VA

Zip Code

22201-3910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL TORREY ASSOCIATES

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6491**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANA TRIER****B.**

Mailing Address 205 WEST 76 TH

City

NEW YORK

State

NY

Zip Code

10023-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

**Transaction ID : SA11.6458**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS TYLER****C.**

Mailing Address 234 CASEY ROAD

City

SCHUYLERVILLE

State

NY

Zip Code

12871-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYS

Occupation

MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6561**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1050.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSH ULMAN**

Mailing Address 11911 FAWN RIDGE LANE

City RESTON State VA Zip Code 20194-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer ULMAN PUBLIC POLICY & FEDERAL RELATK Occupation FOUNDER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11.6493

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRADFORD GARET WILLIAMS**

Mailing Address 29 FURBUSH ROAD

City WEST ROXBURY State MA Zip Code 02132-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6511

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. PETER J. ZEGARELLI**

Mailing Address 21 RIDGE ST

City SLEEPY HOLLOW State NY Zip Code 10591-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation DENTIST

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11.6461

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**CENTOLELLA LYNN D'ELIA & TEMES LLC****A.**

Mailing Address 100 MADISON STREET TOWER 1 STE 190

City

SYRACUSE

State

NY

Zip Code

13202-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2015

**Transaction ID : SA11.6343**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

**JASON J. CENTOLELLA****B.**

Mailing Address 100 MADISON STREET STE 1905

City

SYRACUSE

State

NY

Zip Code

13202-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTOLELLA LYNN D'ELIA &amp; TEMES

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2015

**Transaction ID : SA11.6346**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION

Full Name (Last, First, Middle Initial)

**GHAZAL & ASSOCIATES LLC****C.**Mailing Address 300 NEW JERSEY AVE NW  
STE 900

City

WASHINGTON

State

DC

Zip Code

20001-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**Transaction ID : SA11.6428**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>JAY GHAZAL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>11 / 30 / 2015</b>
Mailing Address <b>300 NEW JERSEY AVE NW</b> <b>SUITE 900</b>		<b>Transaction ID : SA11.6434</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20001-2271</b>		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>GHAZAL &amp; ASSOCIATES LLC</b>	Occupation <b>PARTNER</b>	<b>[MEMO ITEM]</b> <b>PARTNERSHIP ATTRIBUTION</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>THE CHICKSAW NATION</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>12 / 22 / 2015</b>
Mailing Address <b>2020 LONNIE ABBOTT BLVD</b>		<b>Transaction ID : SA11.6519</b>
City <b>ADA</b>	State <b>OK</b>	
Zip Code <b>74820-9255</b>		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFC</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFFC</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	109620.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. EMMER FOR CONGRESS**

Mailing Address PO BOX 998

City	State	Zip Code
ANOKA	MN	55303-0998

FEC ID number of contributing  
federal political committee.**C** C00545749

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

Transaction ID : SA11.6403

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 2165

City	State	Zip Code
GASTONIA	NC	28053-2165

FEC ID number of contributing  
federal political committee.**C** C00393629

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

Transaction ID : SA11.6625

Amount of Each Receipt this Period

300.00

INKIND- CONTRIBUTION

INKIND- FINANCE CONSULTING/CATERING

Full Name (Last, First, Middle Initial)  
**C. ADVANCED MEDICAL TECHNOLOGY PAC**Mailing Address 701 PENNSYLVANIA AVE NW  
STE 800

City	State	Zip Code
WASHINGTON	DC	20004-2654

FEC ID number of contributing  
federal political committee.**C** C00340356

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

Transaction ID : SA11.6430

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

2300.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2212

FEC ID number of contributing  
federal political committee.**C** C00035451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6608**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION PAC**

Mailing Address 1111 14TH STREET NW SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20005-5627

FEC ID number of contributing  
federal political committee.**C** C00000729

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6577**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOTEL & LODGING PAC (HOTEL PAC)**Mailing Address 1201 NEW YORK AVENUE, NW  
SIXTH FLOOR

City	State	Zip Code
WASHINGTON	DC	20005-3917

FEC ID number of contributing  
federal political committee.**C** C00001198

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6488**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**AMERICAN OCCUPATIONAL THERAPY PAC**

Mailing Address 4720 MONTGOMERY LANE, SUITE 200

City State Zip Code  
BETHESDA MD 20814-3449

FEC ID number of contributing  
federal political committee.

**C** C00089086

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

Transaction ID : SA11.6610

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICAN RESORT DEVELOPMENT (ARDA-ROC PAC)**

Mailing Address 1201 15TH STREET NW  
SUITE 400

City State Zip Code  
WASHINGTON DC 20005-2899

FEC ID number of contributing  
federal political committee.

**C** C00358663

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

Transaction ID : SA11.6415

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address 440 FIRST STREET NW 2ND FL

City State Zip Code  
WASHINGTON DC 20001-2028

FEC ID number of contributing  
federal political committee.

**C** C00010421

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 18 2015

Transaction ID : SA11.6494

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

6500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING (AALU PAC)**

Mailing Address 11921 FREEDOM DRIVE  
 SUITE 1100

City State Zip Code  
 RESTON VA 20190-5634

FEC ID number of contributing  
federal political committee.

**C** C00447565

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 18 2015

Transaction ID : SA11.6474

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC (AFIT-PAC)**

Mailing Address 1625 PRINCE ST SUITE 225

City State Zip Code  
 ALEXANDRIA VA 22314-2882

FEC ID number of contributing  
federal political committee.

**C** C00250399

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 18 2015

Transaction ID : SA11.6484

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHEVRON EMPLOYEES PAC**

Mailing Address PO BOX 6016

City State Zip Code  
 SAN RAMON CA 94583-0716

FEC ID number of contributing  
federal political committee.

**C** C00035006

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 31 2015

Transaction ID : SA11.6576

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code  
 ARLINGTON VA 22202-3028

FEC ID number of contributing  
federal political committee.

**C** C00375048

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 31 2015

Transaction ID : SA11.6609

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DLA PIPER PAC**

Mailing Address 500 8TH STREET, NW

City State Zip Code  
 WASHINGTON DC 20004-2131

FEC ID number of contributing  
federal political committee.

**C** C00151340

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 30 2015

Transaction ID : SA11.6546

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
 CHARLOTTE NC 28202-4200

FEC ID number of contributing  
federal political committee.

**C** C00083535

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 22 2015

Transaction ID : SA11.6516

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

2750.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**DYNCORP INTERNATIONAL PAC**

Mailing Address 1700 OLD MEADOW ROAD

City	State	Zip Code
MCLEAN	VA	22102-4302

FEC ID number of contributing federal political committee.

**C** C00409979

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11.6581

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**EXXONMOBIL PAC**

Mailing Address 5959 LAS COLINAS BLVD

City	State	Zip Code
IRVING	TX	75039-4202

FEC ID number of contributing federal political committee.

**C** C00121368

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2015

Transaction ID : SA11.6336

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**FARMERS INSURANCE PAC**

Mailing Address 2350 KERNER BLVD, SUITE 250

City	State	Zip Code
SAN RAFAEL	CA	94901-5596

FEC ID number of contributing federal political committee.

**C** C00135681

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2015

Transaction ID : SA11.6540

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FIRST IN FREEDOM PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address 228 S. WASHINGTON ST., STE. 115		<b>Transaction ID : SA11.6583</b>											
City ALEXANDRIA	State VA	Zip Code 22314-5404											
FEC ID number of contributing federal political committee. <b>C</b> C00540146		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FMR LLC PAC (FIDELITY PAC)</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>12</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		12		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		12		2015									
Mailing Address 245 SUMMER STREET		<b>Transaction ID : SA11.6404</b>											
City BOSTON	State MA	Zip Code 02210-1133											
FEC ID number of contributing federal political committee. <b>C</b> C00380550		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF MEDICAL RESEARCH PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		30		2015									
Mailing Address 300 INDEPENDENCE AVE SE		<b>Transaction ID : SA11.6433</b>											
City WASHINGTON	State DC	Zip Code 20003-1021											
FEC ID number of contributing federal political committee. <b>C</b> C00566042		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">3000.00</td> </tr> </table>		3000.00									
3000.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**GENERAL DYNAMICS COPORATION PAC****A.**

Mailing Address 2941 FAIRVIEW PARK DRIVE #100

City	State	Zip Code
FALLS CHURCH	VA	22042-4541

FEC ID number of contributing federal political committee.

**C** C00078451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6485**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC COMPANY PAC (GEPAC)****B.**

Mailing Address 1299 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20004-2400

FEC ID number of contributing federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6578**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GOOGLE NETPAC****C.**

Mailing Address 1101 NEW YORK AVE NW 2ND FL

City	State	Zip Code
WASHINGTON	DC	20005-4344

FEC ID number of contributing federal political committee.

**C** C00428623

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6573**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GREATER TOMORROW PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		22		2015									
Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330		<b>Transaction ID : SA11.6517</b>											
City WASHINGTON	State DC	Zip Code 20003-6300											
FEC ID number of contributing federal political committee. <b>C</b> C00526715		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00					
				1000.00									
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>2000.00</td> </tr> </table>						2000.00					
				2000.00									
<b>B.</b> Full Name (Last, First, Middle Initial) <b>HARRIS CORPORATION PAC (H-PAC)</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		24		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		24		2015									
Mailing Address 600 MARYLAND AVENUE SW SUITE 850E		<b>Transaction ID : SA11.6339</b>											
City WASHINGTON	State DC	Zip Code 20024-2566											
FEC ID number of contributing federal political committee. <b>C</b> C00100321		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00					
				1000.00									
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>4000.00</td> </tr> </table>						4000.00					
				4000.00									
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ICE PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address PO BOX 752		<b>Transaction ID : SA11.6607</b>											
City LONG LAKE	State MN	Zip Code 55356-0752											
FEC ID number of contributing federal political committee. <b>C</b> C00484667		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00					
				1000.00									
Name of Employer  		Occupation  											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00					
				1000.00									
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>3000.00</td> </tr> </table>						3000.00					
				3000.00									
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT ELECTRICAL PAC**Mailing Address **4401 FORD AVENUE**  
**SUITE 1100**City State Zip Code  
**ALEXANDRIA VA 22302-1464**FEC ID number of contributing  
federal political committee.**C** **C00332031**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**12 30 2015****Transaction ID : SA11.6547**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA INC PAC (I**Mailing Address **20 F STREET NW SUITE 610**City State Zip Code  
**WASHINGTON DC 20001-6707**FEC ID number of contributing  
federal political committee.**C** **C00022343**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**6000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**12 30 2015****Transaction ID : SA11.6550**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL FRANCHISE ASSOCIATION PAC**Mailing Address **1900 K STREET NW**  
**SUITE 700**City State Zip Code  
**WASHINGTON DC 20006-1135**FEC ID number of contributing  
federal political committee.**C** **C00084491**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**3500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**12 18 2015****Transaction ID : SA11.6487**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**4500.00****TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address 1750 NEW YORK AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20006-5305

FEC ID number of contributing  
federal political committee.**C** C00029447

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6492**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS PAC**Mailing Address 555 12TH STREET, NW  
SUITE 660

City	State	Zip Code
WASHINGTON	DC	20004-1241

FEC ID number of contributing  
federal political committee.**C** C00217638

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6612**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG & SECURE AMERICA PAC**

Mailing Address PO BOX 3799

City	State	Zip Code
VISTA	CA	92085-3799

FEC ID number of contributing  
federal political committee.**C** C00450320

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6483**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**INVESTMENT COMPANY INSTITUTE (ICI PAC)**

Mailing Address 1401 H ST NW  
 STE 1200

City State Zip Code  
 WASHINGTON DC 20005-2110

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 30 2015

Transaction ID : SA11.6438

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**INVESTMENT COMPANY INSTITUTE (ICI PAC)**

Mailing Address 1401 H ST NW  
 STE 1200

City State Zip Code  
 WASHINGTON DC 20005-2110

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 30 2015

Transaction ID : SA11.6439

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**INVESTMENT COMPANY INSTITUTE (ICI PAC)**

Mailing Address 1401 H ST NW  
 STE 1200

City State Zip Code  
 WASHINGTON DC 20005-2110

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 18 2015

Transaction ID : SA11.6495

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**A. Full Name (Last, First, Middle Initial)  
**JUMP INTO ACTION FOR CONSERVATIVES (JACKIE PAC)**

Mailing Address PO BOX 26141

City	State	Zip Code
ALEXANDRIA	VA	22313-6141

FEC ID number of contributing  
federal political committee.

C C00582726

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6518

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**LIBERTY & PROSPERITY PAC**

Mailing Address 19 CATTANO AVENUE

City	State	Zip Code
MORRISTOWN	NJ	07960-6839

FEC ID number of contributing  
federal political committee.

C C00492538

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6545

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**LIBERTY PROJECT**

Mailing Address PO BOX 53866

City	State	Zip Code
LUBBOCK	TX	79453-3866

FEC ID number of contributing  
federal political committee.

C C00446625

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6514

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LPL FINANCIAL PAC**

Mailing Address **75 STATE STREET**  
**24TH FLOOR**

City **BOSTON** State **MA** Zip Code **02109-1827**

FEC ID number of contributing federal political committee. **C C00486217**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
\_\_\_\_\_ 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : SA11.6621**

Amount of Each Receipt this Period

_____	1000.00
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CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA**

Mailing Address **PO BOX 3241**

City **BRENTWOOD** State **TN** Zip Code **37024-3241**

FEC ID number of contributing federal political committee. **C C00409276**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
\_\_\_\_\_ 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

**Transaction ID : SA11.6337**

Amount of Each Receipt this Period

_____	1000.00
-------	---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MAKING AMERICA PROSPEROUS PAC**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00445379**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
\_\_\_\_\_ 5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2015

**Transaction ID : SA11.6515**

Amount of Each Receipt this Period

_____	5000.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....**TOTAL** This Period (last page this line number only) .....

7000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MAKING INVESTMENTS MAJORITY INSURED (MIMI PAC)**

Mailing Address 300 SPECTRUM CENTER DRIVE #400

City	State	Zip Code
IRVINE	CA	92618-4989

FEC ID number of contributing federal political committee.

C C00564658

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11.6520

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MAVERICK PAC USA**

Mailing Address 138 CONANT ST

City	State	Zip Code
BEVERLY	MA	01915-1665

FEC ID number of contributing federal political committee.

C C00427435

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6539

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MCDONALD'S PAC**Mailing Address 2111 MCDONALDS DR  
DEPT 213

City	State	Zip Code
OAK BROOK	IL	60523-5500

FEC ID number of contributing federal political committee.

C C00063164

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6544

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC**

Mailing Address **PO BOX 34591**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20043-4591</b>
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FEC ID number of contributing federal political committee.

**C** **C00484162**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2170.00**

Date of Receipt

**12 / 31 / 2015**

Transaction ID : **SA11.6579**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MVP HEALTH CARE INC FEDERAL PAC**

Mailing Address **625 STATE STREET**

City <b>SCHENECTADY</b>	State <b>NY</b>	Zip Code <b>12305-2111</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C** **C00431429**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**3000.00**

Date of Receipt

**12 / 30 / 2015**

Transaction ID : **SA11.6543**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC**

Mailing Address **2901 TELESTAR CT**

City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22042-1260</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C** **C00005249**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**11 / 30 / 2015**

Transaction ID : **SA11.6425**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS PAC**Mailing Address 1325 G ST NW  
STE 1000

City WASHINGTON	State DC	Zip Code 20005-3134
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee. **C C00109306**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11.6429

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW STE 300

City WASHINGTON	State DC	Zip Code 20004-1701
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : SA11.6413

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION PAC**

Mailing Address 100 DAINGERFIELD RD

City ALEXANDRIA	State VA	Zip Code 22314-6302
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee. **C C00030809**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11.6424

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 2055 L STREET NW

City	State	Zip Code
WASHINGTON	DC	20036-4983

FEC ID number of contributing  
federal political committee.**C** C00003764

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6486**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City	State	Zip Code
WASHINGTON	DC	20036-3201

FEC ID number of contributing  
federal political committee.**C** C00003251

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6580**

Amount of Each Receipt this Period

600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. NEW YORK LIFE INSURANCE COMPANY PAC**

Mailing Address 51 MADISON AVE ROOM 1109

City	State	Zip Code
NEW YORK	NY	10010-1603

FEC ID number of contributing  
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6575**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

8100.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**NFIB SAFE TRUST**

**A.**

Mailing Address 1201 F STREET NW SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004-1221

FEC ID number of contributing  
federal political committee.

**C** C00101105

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2015

**Transaction ID : SA11.6572**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**OLDCASTLE MATERIALS INC. PAC**

**B.**

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00346353

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**Transaction ID : SA11.6426**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PRIME POLICY BURSON-MARSTELLAR PAC**

**C.**

Mailing Address 1110 VERMONT AVE NW  
STE 1000

City

WASHINGTON

State

DC

Zip Code

20005-3551

FEC ID number of contributing  
federal political committee.

**C** C00201863

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 30 2015

**Transaction ID : SA11.6431**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL INSURANCE AGENTS' PAC**

Mailing Address 400 N. WASHINGTON STREET

City State Zip Code  
 ALEXANDRIA VA 22314-2366

FEC ID number of contributing  
federal political committee.

**C** C00004994

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 12 2015

Transaction ID : SA11.6402

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

Mailing Address 1200 G STREET NW  
 SUITE 750

City State Zip Code  
 WASHINGTON DC 20005-6702

FEC ID number of contributing  
federal political committee.

**C** C00286807

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 12 2015

Transaction ID : SA11.6407

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**QUALCOMM INC PAC**

Mailing Address 1730 PENNSYLVANIA AVE. NW  
 SUITE 850

City State Zip Code  
 WASHINGTON DC 20006-4724

FEC ID number of contributing  
federal political committee.

**C** C00339085

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 12 2015

Transaction ID : SA11.6401

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY PAC

Mailing Address 1100 WILSON BLVD

STE 1500

City

ARLINGTON

State

VA

Zip Code

22209-3900

FEC ID number of contributing  
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11.6436

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY PAC

Mailing Address 1100 WILSON BLVD

STE 1500

City

ARLINGTON

State

VA

Zip Code

22209-3900

FEC ID number of contributing  
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11.6437

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L ST NW STE 100-263

City

WASHINGTON

State

DC

Zip Code

20005-4018

FEC ID number of contributing  
federal political committee.

C C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA11.6399

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN PAC**

Mailing Address P. O. BOX 718

City	State	Zip Code
WINSTON SALEM	NC	27102-0718

FEC ID number of contributing  
federal political committee.**C** C00042002

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

**Transaction ID : SA11.6611**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RIGHT NOW WOMEN PAC**

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824-0844

FEC ID number of contributing  
federal political committee.**C** C00551366

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6472**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RITE AID PAC**

Mailing Address 30 HUNTER LANE

City	State	Zip Code
CAMP HILL	PA	17011-2400

FEC ID number of contributing  
federal political committee.**C** C00104083

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

**Transaction ID : SA11.6489**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

8500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TRUCKING PAC**

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6619

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

Transaction ID : SA11.6338

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address 1300 I STREET NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6541

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

3000.00
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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716-6209

FEC ID number of contributing  
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.6542

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**WHAT A COUNTRY PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City	State	Zip Code
ATHENS	GA	30605-1332

FEC ID number of contributing  
federal political committee.**C** C00571646

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6620

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**WHAT A COUNTRY PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City	State	Zip Code
ATHENS	GA	30605-1332

FEC ID number of contributing  
federal political committee.**C** C00571646

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.6620B

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WHAT A COUNTRY PAC</b>		Date of Receipt M M / D D / Y Y Y Y 12 31 2015	
Mailing Address 824 S MILLEDGE AVE STE 101		<b>Transaction ID : SA11.6624</b>	
City ATHENS	State GA	Zip Code 30605-1332	Amount of Each Receipt this Period 300.00 CONTRIBUTION <b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY
FEC ID number of contributing federal political committee. C C00571646			
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>YAHOO INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 12 18 2015	
Mailing Address 101 CONSTITUTION AVE., NW SUITE 800 WEST		<b>Transaction ID : SA11.6477</b>	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00380535			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>YOPAC</b>		Date of Receipt M M / D D / Y Y Y Y 12 31 2015	
Mailing Address 1101 WALNUT UNIT 1101		<b>Transaction ID : SA11.6595</b>	
City KANSAS CITY	State MO	Zip Code 64106-4205	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00497305			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**YUM BRANDS INC GOOD GOVERNMENT FUND**Mailing Address **1441 GARDINER LANE**  
**3RD FLOOR MAIL STOP L2230**City State Zip Code  
**LOUISVILLE KY 40213-1914**FEC ID number of contributing  
federal political committee.**C** **C00329474**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**12 30 2015****Transaction ID : SA11.6548**

Amount of Each Receipt this Period

**1000.00****CONTRIBUTION****B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1000.00****106750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WINNING WOMEN 2016****A.**

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00573469

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

138086.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA12.6586**

Amount of Each Receipt this Period

7544.70

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name (Last, First, Middle Initial)

**WILLIAM CHARLES POWERS****B.**

Mailing Address 190 NE 5TH AVE.

City

BOCA RATON

State

FL

Zip Code

33432-4055

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

THE STRAND PARTNERS

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA12.6590**

Amount of Each Receipt this Period

2700.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: WINNING WOMEN 2016

Full Name (Last, First, Middle Initial)

**ALLEN I. QUESTROM****C.**

Mailing Address 16A TURTLE CREEK BEND

City

DALLAS

State

TX

Zip Code

75204-7845

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

SELF-EMPLOYED

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA12.6588**

Amount of Each Receipt this Period

2700.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIB: WINNING WOMEN 2016

**SUBTOTAL** of Receipts This Page (optional).....

7544.70

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KELLI QUESTROM</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 16A TURTLE CREEK BEND		<b>Transaction ID : SA12.6589</b>	
City DALLAS	State TX	Zip Code 75204-7845	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		TRANSFER	
Name of Employer N/A	Occupation RETIRED		<b>[MEMO ITEM]</b> JFC ATTRIB: WINNING WOMEN 2016
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WINNING WOMEN 2016</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		<b>Transaction ID : SA12.6587</b>	
City ALEXANDRIA	State VA	Zip Code 22314-5404	Amount of Each Receipt this Period 7544.70
FEC ID number of contributing federal political committee. C C00573469		TRANSFER	
Name of Employer	Occupation		TRANSFER OF JOINT FUNDRAISING PROCEEDS
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 138086.92		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM CHARLES POWERS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 190 NE 5TH AVE.		<b>Transaction ID : SA12.6593</b>	
City BOCA RATON	State FL	Zip Code 33432-4055	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		TRANSFER	
Name of Employer THE STRAND PARTNERS	Occupation INVESTOR		<b>[MEMO ITEM]</b> JFC ATTRIB: WINNING WOMEN 2016
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		7544.70	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 72 OF 142

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ALLEN I. QUESTROM

A.

Mailing Address 16A TURTLE CREEK BEND

City

DALLAS

State

TX

Zip Code

75204-7845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : SA12.6591

Amount of Each Receipt this Period

2700.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: WINNING WOMEN 2016

Full Name (Last, First, Middle Initial)

KELLI QUESTROM

B.

Mailing Address 16A TURTLE CREEK BEND

City

DALLAS

State

TX

Zip Code

75204-7845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : SA12.6592

Amount of Each Receipt this Period

2700.00

TRANSFER

[MEMO ITEM]

JFC ATTRIB: WINNING WOMEN 2016

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

15089.40



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**AMTRAK**

Mailing Address **50 MASSACHUSETTS AVE NE**  
**50 MASSACHUSETTS AVE NE**

City State Zip Code  
**WASHINGTON DC 20002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**347.00**

Date of Receipt

**12 / 27 / 2015**

Transaction ID : **SA141.099**

Amount of Each Receipt this Period

**27.00**

REFUND- TRAVEL

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**27.00**

**27.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 2165

City	State	Zip Code
GASTONIA	NC	28053-2165

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.6625

INKIND- FINANCE CONSULTING/CATERING

**B. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

594.19
--------

Transaction ID : SB17.10068

**C. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

594.20
--------

Transaction ID : SB17.10069

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1488.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 30 / 2015

Amount of Each Disbursement this Period

594.19
--------

Transaction ID : SB17.10070

**B. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
11 / 16 / 2015

Amount of Each Disbursement this Period

594.20
--------

Transaction ID : SB17.10071

**C. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
12 / 03 / 2015

Amount of Each Disbursement this Period

594.19
--------

Transaction ID : SB17.10072

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1782.58

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

594.20
--------

Transaction ID : SB17.10073

**B. JACK MOULTON**

Mailing Address 1465 CASTLERIDGE RD

City	State	Zip Code
CASTLETON	NY	12033

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

594.20
--------

Transaction ID : SB17.10074

**C. JACK MOULTON**

Mailing Address PO BOX 852

City	State	Zip Code
LAKE PLACID	NY	12946

Purpose of Disbursement  
TRAVEL- MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2015

Amount of Each Disbursement this Period

445.24
--------

Transaction ID : SB17.10149

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1633.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ANTHONY PILEGGI**

Mailing Address 25 TREASURERS PLACE

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.10130

NO ITEMIZATION NECESSARY

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

4.13
------

Transaction ID : SB17.10075

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10076

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

172.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10077

**B. ADP**

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10078

**C. ADP**

Mailing Address PO BOX 842875

City	State	Zip Code
BOSTON	MA	02284

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10079

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

203.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address PO BOX 842875

City  
BOSTONState  
MAZip Code  
02284Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10094

**B. ADP**

Mailing Address PO BOX 842875

City  
BOSTONState  
MAZip Code  
02284Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

Amount of Each Disbursement this Period

67.96
-------

Transaction ID : SB17.10095

**C. ALAMO RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR

City  
ST LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Amount of Each Disbursement this Period

69.68
-------

Transaction ID : SB17.10137

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

205.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ALBANY COUNTY AIRPORT**

Mailing Address 737 ALBANY SHAKER RD

City	State	Zip Code
ALBANY	NY	12211

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2015

Amount of Each Disbursement this Period

9.00
------

Transaction ID : SB17.10144

**B. ALTICOR**

Mailing Address 419 NEW JERSEY AVE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
12 / 16 / 2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.10028

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 09 / 2015

Amount of Each Disbursement this Period

586.20
--------

Transaction ID : SB17.10128

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

795.20



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2015

Amount of Each Disbursement this Period

273.10
--------

Transaction ID : SB17.10129

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

284.60
--------

Transaction ID : SB17.10131

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.10005

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

565.65

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

230.24
--------

Transaction ID : SB17.10007

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.10013

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

213.17
--------

Transaction ID : SB17.10014

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

451.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.9998

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

76.22
-------

Transaction ID : SB17.9999

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

160.00
--------

Transaction ID : SB17.10132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

244.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

222.00
--------

Transaction ID : SB17.10146

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

42.00
-------

Transaction ID : SB17.10147

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

173.00
--------

Transaction ID : SB17.10148

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

222.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

278.00
--------

Transaction ID : SB17.10166

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

80.00
-------

Transaction ID : SB17.10170

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

245.00
--------

Transaction ID : SB17.10177

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

603.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 10 / 2015

Amount of Each Disbursement this Period

272.00
--------

Transaction ID : SB17.10178

**B. ARTISTRY ON THE GREEN**

Mailing Address 2027 MASSACHUSETTS AVE

City	State	Zip Code
LEXINGTON	MA	02421

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 13 / 2015

Amount of Each Disbursement this Period

569.36
--------

Transaction ID : SB17.10047

**C. AVONDALE FINANCE LLC**

Mailing Address 100 TRADECENTER SUITE G-700

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.10031

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2341.36

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. BACCO CATERING**

Mailing Address 236 W 26TH STREET 2W

City	State	Zip Code
NEW YORK	NY	10001

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.10056

**B. BEAUTIQUE**

Mailing Address 8 W 58TH ST

City	State	Zip Code
NEW YORK	NY	10019

Purpose of Disbursement  
FACILITY RENTAL/FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

1374.19
---------

Transaction ID : SB17.10029

**C. BOSTON CAB ASSOCIATION**

Mailing Address 72 KILMARNOCK ST

City	State	Zip Code
BOSTON	MA	02215

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

26.00
-------

Transaction ID : SB17.10158

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1550.19

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

84.41
-------

Transaction ID : SB17.10041

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

49.60
-------

Transaction ID : SB17.10042

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

309.62
--------

Transaction ID : SB17.10048

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

443.63



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

129.54
--------

Transaction ID : SB17.10049

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

129.00
--------

Transaction ID : SB17.10060

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

35.69
-------

Transaction ID : SB17.10061

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

294.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

91.70
-------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.10000

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

462.67
--------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.10001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

5.25
------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.10002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

559.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

394.69
--------

Transaction ID : SB17.10003

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

24.75
-------

Transaction ID : SB17.10004

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

211.45
--------

Transaction ID : SB17.10006

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

394.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

411.20
--------

Transaction ID : SB17.10008

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

346.90
--------

Transaction ID : SB17.10009

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

34.80
-------

Transaction ID : SB17.10010

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

411.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 25 / 2015

Amount of Each Disbursement this Period

44.73
-------

Transaction ID : SB17.10011

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 02 / 2015

Amount of Each Disbursement this Period

16.21
-------

Transaction ID : SB17.10012

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 09 / 2015

Amount of Each Disbursement this Period

79.28
-------

Transaction ID : SB17.10015

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

140.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 16 / 2015

Amount of Each Disbursement this Period

150.25
--------

Transaction ID : SB17.10016

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 23 / 2015

Amount of Each Disbursement this Period

175.93
--------

Transaction ID : SB17.10017

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 30 / 2015

Amount of Each Disbursement this Period

142.25
--------

Transaction ID : SB17.10018

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

468.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.10019

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.10020

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.10021

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2394.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

9.77
------

Transaction ID : SB17.10040

**B. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

11.94
-------

Transaction ID : SB17.10044

**C. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

9.74
------

Transaction ID : SB17.10050

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.45



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

23.28
-------

Transaction ID : SB17.10051

**B. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2015

Amount of Each Disbursement this Period

20.33
-------

Transaction ID : SB17.10052

**C. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

11.64
-------

Transaction ID : SB17.10054

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COFFEE SPEKTOR**

Mailing Address 140 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 10 / 2015

Amount of Each Disbursement this Period

7.58
------

Transaction ID : SB17.10057

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 12 / 2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.9996

**C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 17 / 2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.9997

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4207.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CRANIAL SOLUTIONS**

Mailing Address 104 EVERETT RD STE A

City	State	Zip Code
ALBANY	NY	12205

Purpose of Disbursement  
BUMPER STICKERS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

451.00
--------

Transaction ID : SB17.9994

**B. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.10032

**C. DAVIDSON BROTHERS RESTAURANT**

Mailing Address 184 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

162.29
--------

Transaction ID : SB17.10063

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5613.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

138.10
--------

Transaction ID : SB17.10127

**B. DUNKIN DONUTS**

Mailing Address 311 CORNELIA ST

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

4.63
------

Transaction ID : SB17.10037

**C. EXXONMOBIL**

Mailing Address 3225 GALLOWS RD

City	State	Zip Code
FAIRFAX	VA	22037

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

29.26
-------

Transaction ID : SB17.10165

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

171.99

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. EZ PASS**

Mailing Address 911 OLD LIVERPOOL ROAD #2

City	State	Zip Code
LIVERPOOL	NY	13088

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.10183

**B. FEDEX**

Mailing Address 21 CONGRESS STREET #101

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2015

Amount of Each Disbursement this Period

34.75
-------

Transaction ID : SB17.10022

**C. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

179.16
--------

Transaction ID : SB17.9991

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

238.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

108.70
--------

Transaction ID : SB17.9992

**B. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

90.68
-------

Transaction ID : SB17.9993

**C. GLENS FALLS PRINTING**

Mailing Address 51 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

146.70
--------

Transaction ID : SB17.10112

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

346.08

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. GLENS FALLS PRINTING**

Mailing Address 51 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

45.37
-------

Transaction ID : SB17.10113

**B. GLENS FALLS PRINTING**

Mailing Address 51 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2015

Amount of Each Disbursement this Period

634.46
--------

Transaction ID : SB17.10115

**C. GOOGLE.COM**

Mailing Address 345 SPEAR ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.10184

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

789.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. GOOGLE.COM**

Mailing Address 345 SPEAR ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.10185

**B. GOOGLE.COM**

Mailing Address 345 SPEAR ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2015

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.10186

**C. GULF OIL**

Mailing Address 1529 CRESCENT RD

City	State	Zip Code
CLIFTON PARK	NY	12065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

22.00
-------

Transaction ID : SB17.10142

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

242.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. GULF OIL**

Mailing Address 1529 CRESCENT RD

City	State	Zip Code
CLIFTON PARK	NY	12065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 11 / 2015

Amount of Each Disbursement this Period

34.00
-------

Transaction ID : SB17.10157

**B. HANNAFORD SUPERMARKET**

Mailing Address 175 BROAD ST

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 15 / 2015

Amount of Each Disbursement this Period

69.36
-------

Transaction ID : SB17.10059

**C. HARVARD CLUB OF NEW YORK CITY**

Mailing Address PO BOX 9486

City	State	Zip Code
NEW YORK	NY	10087

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 01 / 2015

Amount of Each Disbursement this Period

410.87
--------

Transaction ID : SB17.10167

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

514.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. HARVARD CLUB OF NEW YORK CITY**

Mailing Address PO BOX 9486

City	State	Zip Code
NEW YORK	NY	10087

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Amount of Each Disbursement this Period

833.47
--------

Transaction ID : SB17.10169

**B. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10	/	12	/	2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.10116

**c. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.10119

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1233.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 08 / 2015

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.10121

**B. IMGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST 3RD FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 12 / 2015

Amount of Each Disbursement this Period

4690.00
---------

Transaction ID : SB17.10024

**C. IMGE LLC**

Mailing Address 108 SOUTH WASHINGTON ST 3RD FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2015

Amount of Each Disbursement this Period

5106.36
---------

Transaction ID : SB17.10025

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10196.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

198.17
--------

Transaction ID : SB17.10080

**B. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

198.16
--------

Transaction ID : SB17.10082

**C. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

198.15
--------

Transaction ID : SB17.10084

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

594.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

198.15
--------

Transaction ID : SB17.10087

**B. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

198.15
--------

Transaction ID : SB17.10088

**C. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

198.15
--------

Transaction ID : SB17.10090

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

594.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address 1111 CONSTITUTION AVE NW

City	State	Zip Code
WASHINGTON	DC	20224

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 31 / 2015

Amount of Each Disbursement this Period

256.47
--------

Transaction ID : SB17.10092

**B. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 05 / 2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.10117

**C. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.10118

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

256.47



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MATCHBOX**

Mailing Address 521 8TH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

235.68
--------

Transaction ID : SB17.10062

**B. NATION PARKING LLC**

Mailing Address 1101 NEW YORK AVE NW #1

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.10141

**C. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

22000.00
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Transaction ID : SB17.10096

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22245.68



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 08 / 2015

Amount of Each Disbursement this Period

3500.00
---------

Transaction ID : SB17.10097

**B. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 01 / 2015

Amount of Each Disbursement this Period

48.97
-------

Transaction ID : SB17.10081

**C. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 15 / 2015

Amount of Each Disbursement this Period

48.97
-------

Transaction ID : SB17.10083

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3597.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

48.99
-------

Transaction ID : SB17.10085

**B. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

48.98
-------

Transaction ID : SB17.10086

**C. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

48.99
-------

Transaction ID : SB17.10089

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

146.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

48.98
-------

Transaction ID : SB17.10091

**B. NEW YORK DEPARTMENT OF REVENUE**

Mailing Address PO BOX 4127

City	State	Zip Code
BINGHAMTON	NY	13902

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

48.98
-------

Transaction ID : SB17.10093

**C. NOBU 57**

Mailing Address 40 W 57TH STREET

City	State	Zip Code
NEW YORK	NY	10019

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

58.99
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Transaction ID : SB17.10058

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

156.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

75.22
-------

Transaction ID : SB17.10133

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

7.88
------

Transaction ID : SB17.10134

**C. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

47.19
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Transaction ID : SB17.10135

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.22
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

12.62
-------

Transaction ID : SB17.10145

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

Amount of Each Disbursement this Period

8.76
------

Transaction ID : SB17.10151

**C. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

Amount of Each Disbursement this Period

15.35
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Transaction ID : SB17.10152

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36.73

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

12.96
-------

Transaction ID : SB17.10153

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

8.16
------

Transaction ID : SB17.10154

**C. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

13.56
-------

Transaction ID : SB17.10155

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

34.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

11.15
-------

Transaction ID : SB17.10156

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

12.67
-------

Transaction ID : SB17.10163

**C. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2015

Amount of Each Disbursement this Period

18.50
-------

Transaction ID : SB17.10173

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

32.76
-------

Transaction ID : SB17.10175

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

14.75
-------

Transaction ID : SB17.10179

**C. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

15.96
-------

Transaction ID : SB17.10180

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

63.47
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 16 / 2015

Amount of Each Disbursement this Period

12.36
-------

Transaction ID : SB17.10181

**B. NYC TAXI**

Mailing Address 31-10 37TH AVE

City	State	Zip Code
QUEENS	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2015

Amount of Each Disbursement this Period

8.76
------

Transaction ID : SB17.10182

**C. PANERA BREAD**

Mailing Address 100 CONSUMER SQUARE

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 09 / 2015

Amount of Each Disbursement this Period

21.86
-------

Transaction ID : SB17.10039

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

42.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. PARKINDY LLC**

Mailing Address PO BOX 2251

City	State	Zip Code
INDIANAPOLIS	IN	46206

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

2.50
------

Transaction ID : SB17.10136

**B. PARKWAY EXPRESS**

Mailing Address 154 ELM ST

City	State	Zip Code
POTSDAM	NY	13676

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

16.00
-------

Transaction ID : SB17.10162

**C. RENAISSANCE INDIANAPOLIS**

Mailing Address 11925 N MERIDIAN ST

City	State	Zip Code
CARMEL	IN	46032

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

119.84
--------

Transaction ID : SB17.10138

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

138.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. RENAISSANCE INDIANAPOLIS**

Mailing Address 11925 N MERIDIAN ST

City	State	Zip Code
CARMEL	IN	46032

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

230.94
--------

Transaction ID : SB17.10139

**B. SHAKE SHACK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

11.43
-------

Transaction ID : SB17.10043

**C. SHELL OIL**

Mailing Address NEW YORK 22

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

6.20
------

Transaction ID : SB17.10140

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

248.57

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address NEW YORK 22

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

27.43
-------

Transaction ID : SB17.10161

**B. SHIP SHAPE**

Mailing Address 97 GLENWOOD AVE

City	State	Zip Code
GLENS FALLS	NY	12804

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

7.00
------

Transaction ID : SB17.10023

**C. SINGULARIS GROUP**

Mailing Address PO BOX 9265

City	State	Zip Code
SHAWNEE MISSION	KS	66201

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

91.16
-------

Transaction ID : SB17.10114

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

125.59

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SINGULARIS GROUP**

Mailing Address PO BOX 9265

City	State	Zip Code
SHAWNEE MISSION	KS	66201

Purpose of Disbursement  
BUMPER STICKERS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

169.95
--------

Transaction ID : SB17.9995

**B. SPOT COFFEE**

Mailing Address 221 GLEN STREET

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

9.10
------

Transaction ID : SB17.10045

**C. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

Amount of Each Disbursement this Period

162.82
--------

Transaction ID : SB17.10067

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

341.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. STARBUCKS**

Mailing Address 359 CORNELIA STREET

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

6.99
------

Transaction ID : SB17.10038

**B. STARBUCKS**

Mailing Address 359 CORNELIA STREET

City	State	Zip Code
PLATTSBURGH	NY	12901

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

4.81
------

Transaction ID : SB17.10053

**C. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

12.05
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Transaction ID : SB17.10036

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

Amount of Each Disbursement this Period

11.75
-------

Transaction ID : SB17.10055

**B. TALK OF THE TOWN RESTAURANT**

Mailing Address 74 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

12.05
-------

Transaction ID : SB17.10064

**C. THE CHARLES HOTEL**

Mailing Address 1 BENNETT STREET

City	State	Zip Code
CAMBRIDGE	MA	02138

Purpose of Disbursement  
FACILITY RENTAL/FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

1129.62
---------

Transaction ID : SB17.10030

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1153.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. THE CHARLES HOTEL**

Mailing Address 1 BENNETT STREET

City	State	Zip Code
CAMBRIDGE	MA	02138

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.10160

**B. THE MCINTOSH COMPANY INC**

Mailing Address 5310 HARVEST HILL ROAD STE 209

City	State	Zip Code
DALLAS	TX	75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.10033

**C. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

728.00
--------

Transaction ID : SB17.10034

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3848.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL/FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

24196.90
----------

Transaction ID : SB17.10035

**B. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.10026

**C. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.10027

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24416.80

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

15.15
-------

Transaction ID : SB17.10143

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

15.15
-------

Transaction ID : SB17.10150

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

15.15
-------

Transaction ID : SB17.10164

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

45.45
-------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

8.73
------

Transaction ID : SB17.10168

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

32.28
-------

Transaction ID : SB17.10171

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2015

Amount of Each Disbursement this Period

54.41
-------

Transaction ID : SB17.10172

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

95.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

20.52
-------

Transaction ID : SB17.10174

**B. UBER CONFERENCE**

Mailing Address 100 CALIFORNIA STREET 5TH FL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

City	State	Zip Code
SAN FRANCISCO	CA	94111

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

10.94
-------

Transaction ID : SB17.10122

**C. UBER CONFERENCE**

Mailing Address 100 CALIFORNIA STREET 5TH FL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

City	State	Zip Code
SAN FRANCISCO	CA	94111

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

10.94
-------

Transaction ID : SB17.10123

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.40
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER CONFERENCE**

Mailing Address 100 CALIFORNIA STREET 5TH FL

City	State	Zip Code
SAN FRANCISCO	CA	94111

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

10.94
-------

Transaction ID : SB17.10125

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

47.91
-------

Transaction ID : SB17.10098

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

6.49
------

Transaction ID : SB17.10099

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

46.93
-------

Transaction ID : SB17.10100

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

20.48
-------

Transaction ID : SB17.10101

**C. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

67.41
-------

Transaction ID : SB17.10102

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

134.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2015

Amount of Each Disbursement this Period

1.20
------

Transaction ID : SB17.10103

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

249.95
--------

Transaction ID : SB17.10104

**C. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

7.49
------

Transaction ID : SB17.10105

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

258.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

40.69
-------

Transaction ID : SB17.10106

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

50.87
-------

Transaction ID : SB17.10107

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

66.68
-------

Transaction ID : SB17.10108

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

158.24



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

97.93
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.10109

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

55.75
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.10110

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

7.22
------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.10111

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

160.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 142

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City	State	Zip Code
LEHIGH VALLEY	PA	18002

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

155.32
--------

Transaction ID : SB17.10124

**B. WALGER**

Mailing Address 227 BOSTON AVE

City	State	Zip Code
MEDFORD	MA	02155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2015

Amount of Each Disbursement this Period

19.84
-------

Transaction ID : SB17.10159

**C. WESTCOTT MARKETING INC**

Mailing Address 31 OAKWOOD DRIVE

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.9990

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1175.16







**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 142 OF 142

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NEW FRONTIER STRATEGY**

Nature of Debt (Purpose):

**POLITICAL STRATEGY CONSULTING**

Mailing Address 315 KENTUCKY AVE

City State

ALEXANDRIA

Zip Code

VA

22305

Outstanding Balance Beginning This Period

25500.00

Transaction ID : SD10.345

Amount Incurred This Period

0.00

Payment This Period

25500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THE TOWNSEND GROUP**

Nature of Debt (Purpose):

**FINANCE CONSULTING/TRAVEL**

Mailing Address 1006 PENDLETON STREET

City State

ALEXANDRIA

Zip Code

VA

22314

Outstanding Balance Beginning This Period

24196.90

Transaction ID : SD10.788

Amount Incurred This Period

18937.94

Payment This Period

24924.90

Outstanding Balance at Close of This Period

18209.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

18209.94

2) **TOTALS** This Period (last page this line number only) ..... ▶

18209.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18209.94